

Underground Storage Tank (UST) and Leaking UST Meeting Request Form

azdeq.gov

THIS FORM CANNOT BE USED TO REQUEST AN APPEAL

If you would like to request a meeting with ADEQ UST-Leaking UST staff, please provide the following information:				
Today's Date:				
Your Name: Phone Number:				
Email Address:				
Your Role (check all that apply): owner operator property owner				
Signature* of Individual requesting meeting: X Signed by either the Responsible Party (RP) or individual employed in RP's company/corporation and/or RP's legal representation				
Role relative to UST owner, operator or property Owner, RP:				
ADEQ-assigned underground storage tank (UST) facility identification number(s): 0-0				
ADEQ-assigned leaking UST (LUST) number(s):				
Do you plan on having an attorney attend? no yes *If yes, please provide attorney's name, phone number and email address:				
Do you plan on having an environmental professional attend? no yes *If yes, please provide professional's name, phone number and email address:				
Reason for meeting request (Identify all that are applicable -if additional space is needed, please attach on another page):				
UST (New)				
New UST owner/operator – I would like to discuss regulatory requirements New UST owner/operator – I would like to discuss financial responsibility requirements New UST owner/operator – I would like to discuss (describe):				
(Ongoing)				
Operating UST system – I would like to discuss regulatory requirements *if there are specific requirements you would like to discuss, please identify them:				
Operating UST system – I believe my system may be leaking and would like to discuss Operating UST system – I would like to discuss change in source				
Operating UST system – I would like to discuss how to bring my UST system back into service				
 Operating UST system – I would like to discuss how to temporarily or permanently close my UST system Operating UST system – I would like to discuss financial responsibility requirements 				



UST and Leaking UST Meeting Request Form (cont.)

Leaking Underground Storag	je Tank			
Leaking UST Release – I would like to discuss regulatory requirements and current Informational Report with				
eTables: Attach current eTable data information if available				
Leaking UST Release – I would like to discuss a release and clean up options for my site				
Leaking UST Release – I would like to learn more about the State Lead Program				
Leaking UST Release – I would like to discuss the Preapproval Program				
To prepare for this meeting, visit <u>azdeq.gov/ust/preapproval</u> for program eligibility requirements				
Leaking UST Release – I would like to discuss closure options Tier 1 Risk-Based Closure Leaking UST Release – I would like to discuss (describe):				
Leaking UST Release – Twou	<u>ila like to discuss (desc</u>	cribe):		
Noncorrective Action (NCA)	& Tank Site Improv	rement Program	(TSIP) Combined	
I would like assistance with the	-		(1511) combined	
Combining NCA & TSIP for the	• • •		of new UST system	
Combining NCA & 1311 101 ti	ic removal of the tank	s and installation	or new our system.	
To prepare for this meeting, visit azdeq.gov/UST/tips for application steps and meeting topics.				
If you need additional information, contact the UST Outreach Coordinator at 602-771-2000 or usttsi@azdeq.gov				
Tank Site Improvement Program (TSIP)				
I would like assistance with the	application process (cl	heck the type of a	oplication):	
UST System Upgrade				
Baseline Assessment				
UST Removal				
Suspected Release Confirma	ition			
To proper for this procting visit and	on any/TCIDrogram for an			
To prepare for this meeting, visit <u>azd</u> If you need additional information, co				
If you need additional information, contact the UST Outreach Coordinator at 602-771-2000 or usttsi@azdeq.gov Meeting Location: Unless otherwise agreed upon, this meetings will be held at:				
_		_		
1110 W. Washington St., Phoenix, AZ in Conference Room 1010B. We will send you a time and date.				
For this meeting, I need to request a teleconference				
Please list attendees below:		_	If Attanding Talambanically	
Name	Firm/Role	Email	If Attending Telephonically (please provide phone number)	
Name	rii ii/ Kole	EIIIdII	(please provide priorie flumber)	

Please Note: It is the requestor's responsibility to inform all attendees of date and time of this meeting.

To Submit Electronically: Email this completed form to ustadmin@azdeq.gov

Note: You may need to copy and paste the email address into the send field of your email. Please remember to CC your ADEQ Case Manager (CM) when submitting this and all requests electronically.

To submit by fax: send to 602-771-4272

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